State of Michigan Retirees

Volume 1 2007

This issue provides a variety of timely information related to your health care benefits and your health care needs

For Your Benefit

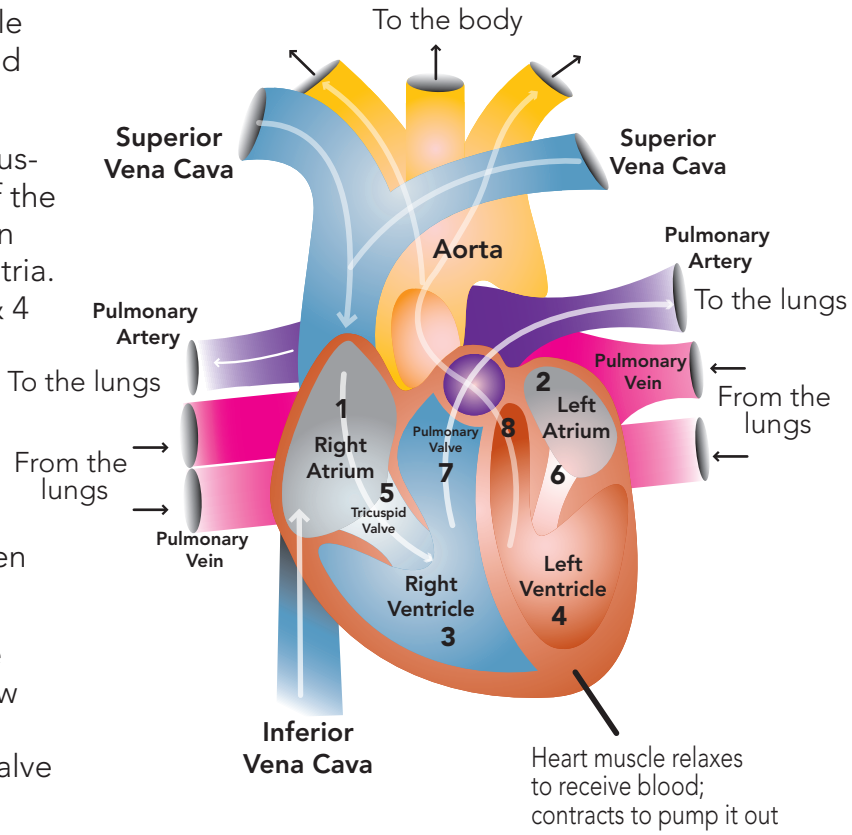
Your heart: The intricate pump

The heart is a marvel of coordination and timing. It's really a pump, a powerful muscle the size of a fist that circulates blood to and from the body's millions of cells.

It's divided into four chambers. (See the illustration to the right to see how the areas of the heart work together.) The two chambers on the top (No. 1 & 2 at right) are called the atria. The two chambers on the bottom (No. 3 & 4 at right) are called the ventricles.

The top and bottom chambers are connected by valves that allow blood to pass through the heart. The tricuspid valve (No. 5 at right) and the mitral valve (No. 6 at right) regulate blood flow between the atrium and the ventricle on each side.

The right valve (No. 7 at right) is called the pulmonary valve and it allows blood to flow from the right ventricle to the pulmonary arteries, which supply the lungs. The left valve



PUMP continued on page 2

PUMP continued from page 1

is called the aortic valve (No. 8 on page1), which regulates blood flow from the left ventricle to the aorta.

The heart beats in two stages. First, the upper chamber contracts and pumps blood to the lower chambers. Then the valves close. A split second later, the lower chamber contracts (beats) to pump blood out of the heart. Together, these coordinated contractions produce the familiar "lub-dub" sound of a heart beat — slightly faster than once a second. After contracting, the heart muscles momentarily relax, allowing blood to refill the heart.

In the normal adult, the heart pumps five liters of blood, which is recirculated continuously through the body. The blood moves from the heart into tubes called arteries, then into tiny tubes called capillaries and finally into the veins that lead back to the heart.

The entire cycle takes about 60 seconds, during which the blood brings nourishment and oxygen to all the body's cells in the tissues, organs, muscles and bones. In addition to carrying fresh oxygen from the lungs and nutrients to your body's tissues, it also takes the body's waste products, including carbon dioxide, away from the tissues. This is necessary to sustain life and promote the health of all the body's tissues.

As we age, our heart muscle thickens and becomes less elastic, which means it has to work harder to pump the blood. Similarly, the arteries become stiffer, which makes it harder for blood to flow through them — again making the heart work harder. We can make up for some of these changes by modifying our diet and by exercising, which can allow the heart to continue to pump the blood efficiently around our body, although perhaps not as efficiently as when we were younger.

At some point in your life, either you or one of your loved ones likely will be forced to make decisions about some aspect of heart disease. Knowing something about the heart's anatomy and function will enable you to make informed decisions about your health. Heart disease can strike suddenly and require you to make decisions quickly. Being informed prior to an emergency is a valuable asset to you and your family.

Heart alert TIP

Diabetes increases the risk of heart disease because it raises cholesterol levels and increases atherosclerosis. People with diabetes are often overweight, which aggravates their diabetes and increases their risk of heart disease.

Atherosclerosis, leading your way to heart disease

Heart disease is the leading cause of death in the U.S.
The number one cause of heart disease is atherosclerosis.

Think about the pipes in your home. Just from everyday use, they can become clogged and run slow because materials accumulate on the walls of the pipe. Greases build up and provide a sticky coating to which other particles cling. Layer after layer builds up until the pipe's opening is barely the diameter of a pencil. Water is slow to flow through the pipes, and after enough time, doesn't flow through at all.

The same can happen to the arteries in your body. But the blockage doesn't cause a sink full of water; it can cause a heart attack. The arteries in your body carry blood to the heart. The inside walls of the arteries can be damaged by high cholesterol, high blood pressure or smoking. Fatty material deposits itself on the damaged walls. This buildup is called plaque. The buildup can narrow the opening in the arteries, reducing blood flow to the heart. The buildup can grow until the artery is completely blocked. This process is called atherosclerosis.

The plaque in the arteries can break loose, travel along the artery to another area of the body, such as the lung, and cause a blood clot. The blood clot, or embolus, can also block an artery, causing a heart attack or stroke. Additionally, it can block the blood supply to the arms or legs, resulting in pain and eventually gangrene.

Atherosclerosis takes many years, even decades, to develop. It can start in your childhood and progress when you get older. It can progress rapidly, so that people in their 30s can be candidates for heart attacks.

The condition can easily go unnoticed. Sometimes symptoms such as angina will indicate the condition. However, it can also become evident in a sudden and severe way, in the form of a heart attack.

Want to know if you're at risk for heart disease or another condition?

Take the health risk appraisal.

BCBSM's Health Risk Appraisal is designed by doctors in many fields working with the long-established University of Michigan Health Management Research Center.

This questionnaire will help support your current healthy habits and guide you to new ones. Your answers generate a report that will identify specific risks, such as heart disease or diabetes. Then the report will tell you where you can make a difference and improve your health.

Completing the health risk appraisal is easy. It takes about 10 minutes to complete (but you can take as long as you'd like). Just go to the member secured site on bcbsm.com.

Heart disease: at-risk or under control

Some risk factors for atherosclerosis can be controlled; some can't. Those that can be controlled usually involve a lifestyle change – but it's one that can save your life.

The risk factors you can control include:

- Hypertension (high blood pressure)
- Diabetes
- High cholesterol
- Smoking
- Sedentary lifestyle
- Stress
- Obesity

Some of these risk factors have an effect on each other. For example, many people can lower their blood pressure by quitting smoking. Also, losing weight can help control diabetes and lower blood pressure and cholesterol.

The risk factors you cannot control include:

- Older age
- Being male
- Family history of heart disease

For instance, men are generally at increased risk for coronary artery disease. When you couple this with smoking or any of the other risk factors, being on top of coronary conditions is imperative.

So, to help prevent heart disease:

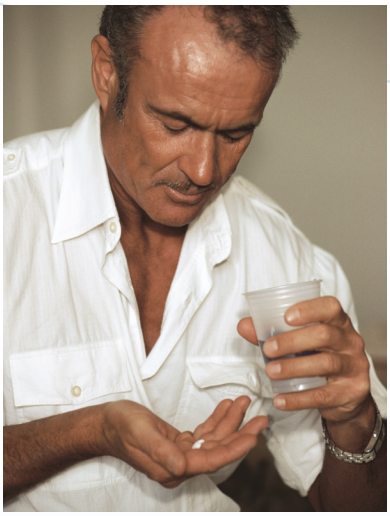
- Find out if heart disease runs in your family.
- Visit your doctor or clinic often. Find out if you are at risk.
- Don't smoke. Stay away from other people who are smoking.
- Get your blood pressure checked often.
- Control your diabetes.

- Get your cholesterol checked often.
- Stay active.
- Eat right and keep a healthy weight.
- Eat less salt.
- Hormones for menopause should not be used to prevent heart attacks.
- Being stressed, angry or sad a lot may add to your risk of heart attack.
- If you've had a heart attack, talk to your doctor about medicine. Some medicines can help cut down the risk of having another heart attack.

Although you can't change these risks, they can be reason for you to change the ones you can. For instance, heart disease is more common as we age. That's why it's even more important to pay attention to your weight, blood sugar, cholesterol levels, blood pressure and exercise regimen as you get older.

Contact BlueHealthConnection® at 800-775-BLUE (2583) for more information on the risk factors for heart disease or preventing heart disease. Talk with one of the nurse coaches, available 24 hours a day, seven days a week. Or visit BlueHealthConnection online at bcbsm.com. BlueHealthConnection is your health care resource offered as part of your Blue Care Network and State Health Plan PPO coverage.

I had a heart attack



It was 5 o'clock in the morning when I woke up with tightness in my chest. My wife and I had had a heavy meal the night before, so I figured this indigestion was payback for going right to bed afterward. I got up and drank several glasses of water, thinking this would soothe the pain. My wife wanted to call the doctor, but I protested. I wasn't going to wake him up just because I had eaten too late. I told her I felt better, even though the tightness was still there. Then we both went back to bed.

I drifted off to sleep but woke up a short time later with the same pain in my chest. No better, but no worse. I ignored the tightness, took my shower and started my busy day of working around the house. As I sorted my fishing lures in the garage, I still felt the pain, but I also noticed a tingling down my left arm. Heaviness in my chest and now a tingle down my arm; aren't those the symptoms of a heart attack? But I couldn't be having a heart attack. Although I'm 67 years old, I watch what I eat, sort of. Okay, so I could lose 10 or 20 pounds. I'm active. I take walks with my wife when the weather's good, and I'm always up for a game of catch with my grandson on the weekends. Plus, I'm trying to quit smoking, again. My blood pressure is a little high, but then it always has been. I've always felt fine.

When I came in for lunch, the pain hadn't stopped. I was short of breath, sweating and had a headache. I told my wife that it was just because I had been working in the garage. But she said that it looked like all of the color had drained out of my face. She was frightened, so she called my doctor and described my symptoms. He told her to call 911 because I needed to go to the nearest emergency room immediately. I didn't want to go, but she wouldn't take no for an answer.

In the emergency room, a nurse put me on an EKG machine. It revealed nothing, but because my chest and arm problems persisted, the doctor sent me to intensive care. There they gave me more tests and took vials of blood.

When it was quiet, I fell asleep, only to awake to what felt like an elephant sitting on my chest. My left arm throbbed with pain, as if a knife were slicing through it. I grabbed my arm and doubled over in pain as a cold sweat drenched my face. The lines on the graph of the heart monitor were frantically going up and down. That's when I started to panic. Suddenly, a nurse appeared and stuck a needle with blood-thinning medication in my left arm. Then another nurse bolted in and forced a pill of nitroglycerin under my tongue.

The panic subsided. The pressure and pain slowly disappeared. I lay there, soaked and trembling, terrified the pain would return. I heard a nurse talking, and then I realized that she was talking to me.

"You made it," she said.

"Made what?" I asked.

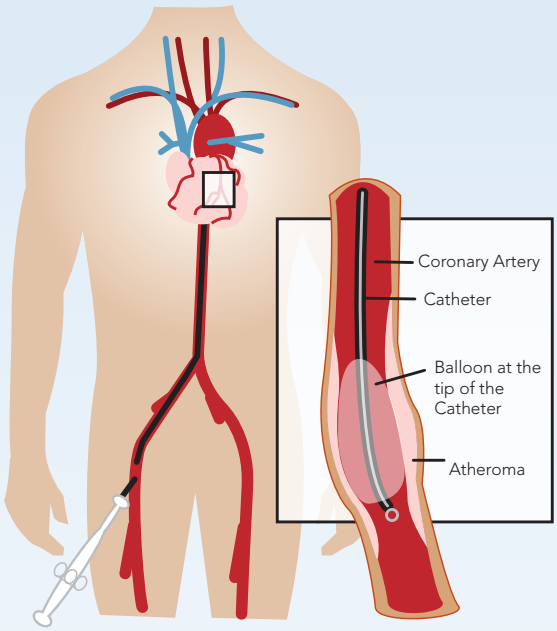
"You just had another heart attack," she responded.

Shortly after my attack, the doctor explained that my chances of having another heart attack were high. Because I waited to get to the hospital, the

HEART ATTACK continued on page 6

HEART ATTACK continued fom page 5

heart attack had damaged my heart, and the chances of my surviving another attack were questionable. To assess the risk, my doctor suggested cardiac catheterization and coronary angiography.



With cardiac catheterization, a doctor inserts a thin plastic tube (catheter) into an artery or vein in the arm or leg. From there, it can be moved into the chambers of the heart or into the coronary arteries. This test measures the blood pressure within the heart and how much oxygen is in the blood. It's also used to get information about my heart's pumping ability.

When catheters are used to inject dye into the coronary arteries, the procedure is called coronary angiography or coronary arteriography. The dye is used to make the blockages in the arteries more visible. Catheters with a balloon on the tip are used in the procedure called coronary angioplasty. The balloon is inflated, pushing back the plaque and widening the narrowed coronary artery so that blood can flow more easily. Sometimes the doctor will insert an expandable metal stent. Stents are wire mesh tubes used to prop open arteries.

My doctor inserted a stent during my coronary angioplasty. Afterward, he talked to me about cardiac rehabilitation, which would start after I was discharged from the hospital. Held in the outpatient area of my hospital, my cardiac rehabilitation consisted of two parts:

1. Exercise training to help me learn how to exercise safely, strengthen my muscles, and improve my stamina. My exercise plan was based on my individual ability, needs, and interests. The exercise was good for me because it toned my muscles and improved my energy level and spirits. It helped both my heart and body get stronger and work better. Exercise also helped me get back to work and other activities faster.

2. Education, counseling, and training to help me understand my heart condition and find ways to reduce the risk of future heart problems. A healthy diet can lower blood cholesterol, control weight and help prevent or control high blood pressure and other problems such as diabetes. Plus, I'll feel better and have more energy.

Cardiac rehab helped me quit smoking. Kicking the habit meant a lower risk of lung cancer, emphysema, bronchitis, heart attacks, strokes, and other heart and blood vessel problems.

My cardiac rehab team helped me learn to cope with the stress of adjusting to a new lifestyle and to deal with my fears about the future. I learned to manage stress instead of letting it manage me.

Recovering from my heart attack wasn't easy. Looking back, it would have been easier to prevent my heart attack than to recover from it. But it taught me to listen to my body and to take care of myself. I know the warning signs of a heart attack. I watch what I eat — low fat foods, little red meat, lots of fruits and vegetables. I've lost weight. I go to the doctor to keep my blood pressure in check. I quit smoking. In fact, I use the money I once spent on cigarettes to pay for side trips when my wife and I go on vacation. We take a lot of those now.

Heart disease in women

One in three American women dies of heart disease. Almost twice as many women died of cardiovascular disease (both heart disease and stroke) than from all cancers combined.

Heart disease develops over time and can start as early as the teenage years. The older a woman gets, the more likely she is to develop heart disease. During midlife, a woman's risk for heart disease starts to rise dramatically. In part, this is because a woman's body stops producing estrogen. Also, midlife is a time when women tend to develop factors that increase their risk for heart disease.

Heart disease doesn't stop developing either — unless treated, it continues to worsen. One in eight women between 45 and 64 has coronary heart disease, and this increases to one in four for women older than 65. But it's never too late to take steps against heart disease. By taking action, older women — especially those who already have heart disease — can reduce their risk of developing heart-related problems.

Both men and women have heart attacks, but more women who have heart attacks die from them. Treatments can limit heart damage but they must be given as soon as possible after a heart attack starts. Ideally, treatment should start within one hour of the first symptoms.

The signs of heart disease in women

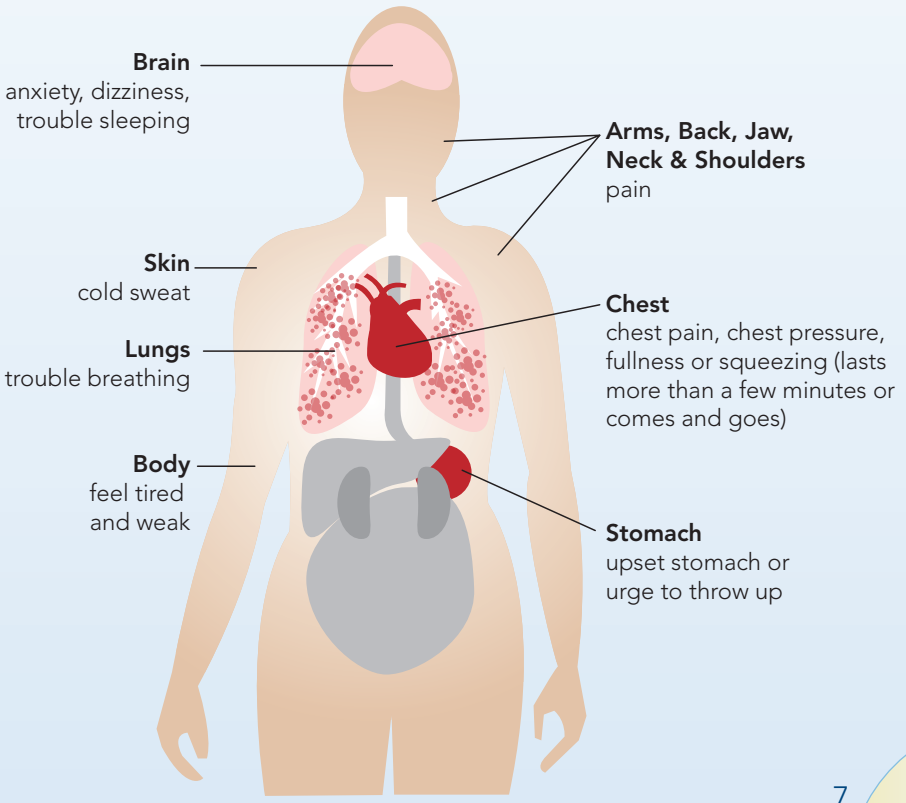
When you think about heart disease, you probably think about chest pain. Women might not have chest pain. If they do, they might call it an achy, tight or "heavy" feeling instead of pain. The pain might even be in the back between the shoulder blades, instead of the chest.

Women might think these signs are no big deal because they don't seem like a heart attack. Don't ignore these signs. Contact your doctor right away.

The most important sign is feeling really tired — even if you've had enough sleep. Other signs of heart disease in women are:

- Trouble breathing
- Trouble sleeping
- Feeling sick to the stomach
- Feeling scared or nervous
- New or worsening headaches
- Burning feeling in the chest
- Pain or tightness in the chest that spreads to the jaw, neck, shoulders, ear, or the inside of the arms
- Pain in the belly, above the belly button

Don't wait to get help. Contact your doctor if you have any warning signs.



Facts about women and cardiovascular disease

- Coronary heart disease and stroke are the No. 1 and No. 3 killers of women over the age 25, respectively.
- About one out of every 2.5 women's deaths results from heart disease, stroke and other cardiovascular diseases. Breast cancer, by comparison, accounts for one in 30 deaths.
- One in five females in the U.S. has some form of cardiovascular disease.

- Only 10 percent of women believe heart disease is their No. 1 health threat.
- Every year since 1984 more women than men have died of heart disease, stroke and other cardiovascular diseases. Currently women account for 53.5 percent of deaths – over 65,000 more deaths per year than in men.
- African-American and Mexican-American women have higher heart disease and stroke risk factors than other women of comparable social status.
- Heart disease rates in women after menopause are two to three times higher than those of women the same age before menopause.
- Low levels of "good" cholesterol (HDL) appear to be a stronger predictor of heart disease death in women than in men older than 65.
- Regular physical activity and a healthy weight reduce the risk of non-insulin-dependent diabetes, which appears to be a stronger risk factor for heart disease in women than in men.
- Stroke is a leading cause of serious, long-term disability. More women than men die of stroke. Females represent about 61 percent of all stroke deaths.

Heart alert TIP

Smoking leads to heart disease as well as many other illnesses, such as lung cancer, strokes and chronic obstructive pulmonary disease, or COPD, which includes emphysema, asthma and chronic bronchitis. Smoking may increase atherosclerosis as well. The nicotine in cigarettes causes your blood vessels to narrow, which means your heart has to pump harder to get more blood circulating through your body. Nicotine also narrows your coronary arteries, reducing blood flow to your heart.

Frequently asked questions about women and heart disease

Q: One of my family members had a heart attack. Does that mean I'll have one too?

A: If your dad or brother had a heart attack before age 55, or if your mom had one before age 65, you're more likely to develop heart disease. This does not mean you will have a heart attack. It means you should take extra good care of your heart to keep it healthy.

Q: Should I take a daily aspirin to prevent heart attacks?

A: Aspirin may be helpful for women at high risk, such as women who have already had a heart attack. Aspirin can have serious side effects and may be harmful when mixed with certain medicines. If you're thinking about taking aspirin, talk to your doctor first. If your doctor thinks aspirin is a good choice for you, be sure to take it exactly as your doctor tells you.

Q: Does hormone replacement therapy increase a woman's risk for heart disease?

Hormone replacement therapy can help with some symptoms of menopause, including hot flashes, vaginal dryness, mood swings and bone loss. But there are risks, too. For some women, taking hormones can increase their chances of having a heart attack or stroke. For women with heart disease, estrogen alone will not prevent heart attacks, and estrogen plus progestin increases the risk for heart attack during the first few years of use. Estrogen plus progestin also increases the risk for blood clots, stroke, and breast cancer.

If you decide to use hormones, use them at the lowest dose that helps you for the shortest time needed. Talk with your doctor if you have questions about hormone replacement therapy.

Cardiac Center of Excellence program assures quality heart care

If you or a loved one required surgery for a serious heart condition, would you know where to go for quality care?

Blue Cross Blue Shield of Michigan has done the homework for you by establishing a program that recognizes hospitals committed to helping their patients achieve improved cardiac health and quality of life with fewer medical complications.

The BCBSM Cardiac Centers of Excellence designation is your assurance that the hospital meets our stringent standards … and yours.

Since 1996, BCBSM's Cardiac Center of Excellence program has identified a network of hospitals that meet select, rigorous quality criteria. Currently, 13 Michigan hospitals and their cardiac care staffs have earned the right to be included in that network.

Quality built in

The Cardiac Center of Excellence program starts with the quality criteria established by physician panels and national organizations. Hospitals must meet these criteria to earn that designation. Center of Excellence hospitals must:

- Show experience (a minimum of three years) in offering a full range of cardiac services, including expertise in performing coronary artery bypass grafts, coronary angioplasty, valve repair or replacement, and cardiac and coronary artery catheterization
- Perform at least 300 open-heart surgeries, including bypass grafts and valve procedures, 400 angioplasties and 500 cardiac catheterizations annually
- Monitor performance and be committed to continuous quality improvement
- Exhibit more successful outcomes, such as lower rates of complications, readmissions and deaths associated with cardiac procedures
- Employ cardiac care staff members who meet criteria for credentials, such as board certification, and experience, including a minimum of three years' experience performing cardiac procedures

Center of Excellence cardiac care

The 13 hospitals are:

Southeast Michigan — Henry Ford Health System, Detroit; Providence Hospital and Medical Center, Southfield; St. John Hospital and Medical Center, Detroit; St. John Hospital Macomb Center, Warren; St. Joseph Mercy Hospital, Ann Arbor; St. Joseph Mercy Oakland Hospital, Pontiac; University of Michigan Health System, Ann Arbor; and William Beaumont Hospital, Royal Oak.

East and Mid-Michigan — Genesys Regional Medical Center, Grand Blanc; Ingham Regional Medical Center, Lansing; and McLaren Regional Medical Center, Flint.

West Michigan — Mercy General Health Partners, Muskegon, and Spectrum Health — Butterworth Campus, Grand Rapids.

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CARDIAC CENTER continued from page 10

The 13 Michigan Cardiac Center of Excellence also have been named as Blue Distinction Center for Cardiac Care℠ by the Blue Cross and Blue Shield Association. Blue Distinction is the association's nationwide program that strives to help members make informed health care decisions and collaborate with providers to improve the quality and affordability of care.

Making a choice

Using a Cardiac Center of Excellence hospital is strictly your choice and will not affect your out-of-pocket costs or benefits. However, we'd recommend you use a BCBSM Cardiac Center of Excellence hospital for your cardiac care needs.

BlueHealthConnection® offers heart disease information

BlueHealthConnection is BCBSM's integrated personal care management program. The program offers several ways to help members with cardiac care needs, including care management programs for ischemic heart disease and congestive heart failure, as well as a 24-hour nurse call line. To learn more about BlueHealthConnection, call 1-800-775-BLUE (2583).

Heart disease by any name is serious

Heart disease is known by many names, including coronary artery disease, coronary heart disease, ischemic heart disease, and arteriosclerotic cardiovascular disease. Whatever the name, heart disease is usually caused by blocked arteries, which result in the heart not receiving the oxygenated blood supply it needs to function properly.

Depending on where the blockage occurs, different outcomes can result:

- A blockage narrowing an artery in your heart can cause angina. Angina is chest pain or discomfort that happens when the heart does not get enough blood. It may feel like a pressing or squeezing pain, often in the chest, but sometimes the pain is in the shoulders, arms, neck, jaw or back. It can also feel like indigestion (upset stomach). Angina is not a heart attack, but having angina means you are more likely to have a heart attack.

Heart alert TIP

High blood pressure causes the heart to work harder and can lead to heart disease and congestive heart failure. It can also lead to strokes, kidney disease and aneurysms.

HEART DISEASE continued on page 15

What is heart disease?

Cardiovascular, or heart, disease develops when the blood vessels that carry oxygen-rich blood (arteries) become damaged or blocked, severely reducing the blood flow to the heart. When the heart does not receive enough blood for an extended period of time, permanent damage can occur.

Heart disease can be managed

Cardiovascular disease develops over time and can affect adults at any age. Understanding the risk factors that contribute to heart disease will help you make changes in your life to protect your heart and manage your disease. Talk to your primary care physician about:

- An exercise plan
- A weight management plan
- A plan to stop smoking
- Managing your blood cholesterol and lipid levels
- Controlling your blood pressure to less than 120/80
- Taking aspirin and other heart medicines

BCN's Cardiovascular Management and Congestive Heart Failure programs can help you manage your heart condition

BCN's Cardiovascular Management and Congestive Heart Failure programs will help you understand heart disease, how it affects your life and how you can better manage your condition.

Both programs are available to all BCN members 18 and older.

A few times each year, you'll receive either the Living with Heart Disease or the Living with Congestive Heart Failure newsletter that will help you:

- Understand your heart disease, its causes and treatment
- Identify your risk factors and ways to control them
- Learn about the different medications used to treat your condition

Personal support for your heart condition

If you've been diagnosed with heart disease or non-correctable congestive heart failure, you'll be automatically enrolled in the CHF program. If you've been hospitalized for a heart attack, angioplasty, coronary bypass surgery or CHF, or if you have had difficulty controlling your CHF, you'll be contacted by a registered nurse case manager. The nurse will provide personalized, one-on-one telephone support and work with you and your physician to help you manage your condition. Together, you'll set goals and measure progress. You'll receive written materials regarding medications, nutrition, symptom recognition and reminders for cholesterol screening. CHF patients will be encouraged to enroll in the Alere® Home Monitoring Program.

Alere Home Monitoring Program

The Alere Home Monitoring Program helps members with CHF monitor their condition. It works by using a DayLink® scale in your home to track information such as daily weight and shortness of breath. The information is transmitted automatically to cardiac nurses. The nurses analyze trends that may indicate a change in your health status, contact you to review your condition and, if indicated, notify your physician. The need for clinical intervention can be quickly assessed by your physician and, when necessary, changes can be made to your treatment plan. In addition, daily monitoring allows nurses to provide information at the point when you need it most.

To learn more about CHF case management or the Alere Home Monitoring Program, contact Customer Service at 800-662-6667.

For more information on either program, please call the Disease Management department at 800-392-4247. The department is staffed by registered nurses from 8:30 a.m. to 5 p.m. Monday through Friday (except holidays).

Working with your primary care physician

Blue Care Network's disease management programs are built on a partnership between members, physicians, other health care providers and BCN. We provide your primary care physician with information about national standards of care for people with heart disease. Working with your primary care physician and other health care professionals can help you learn more about how to manage your heart disease. If you haven't seen your physician in the past year, we encourage you to contact his or her office soon.

Taking care of your heart disease

Name:_____

Phone number:_____

I have heart disease. In case of an emergency, call: _____

_____

Self management quick tips

- Take your medicine as directed by your doctor.
- Exercise for 30 minutes. Follow a plan approved by your doctor.
- Maintain a healthy body weight.
- Reduce your weight if you are overweight. See your doctor for a weight loss plan.
- Plan heart-healthy menus. Reduce your daily intake of saturated fat to less than 7 percent and cholesterol to less than 200 mg/dL.

Care contacts	Phone
Primary care physician name:	
BCN Disease Management	800-392-4247
Pharmacy name:	
Physician specialist name:	
BCN resources name:	
BCN Customer Service	800-662-6667 or 800-257-9980 (TTY)
BCN BlueHealthConnection®	800-637-2972
Web site	MiBCN.com
Quit the Nic	800-811-1764

cut along the line

Personal Care Card

Review this card with your primary care physician.

Each visit	Date	Date	Date	Date
Blood pressure (less than 120/80)				
Pulse				
Weight or body mass index				
Tests	**Date**	**Date**	**Date**	**Date**
Total cholesterol (less than 200 mg/dL)				
LDL (usually less than 100 mg/dL)				
HDL (greater than 60 mg/dL)				
Triglycerides (less than 150 mg/dL)				
Blood sugar (less than 110 mg/dL)				
Vaccines	**Date**	**Date**	**Date**	**Date**
Flu shot (once a year)				
Pneumonia shot (usually one time only)				

Medicine	How often	Dose

Allergies

Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

BCN programs recognized for quality

Blue Care Network has received full National Committee for Quality Assurance Patient and Practitioner Oriented Accreditation for the following programs: asthma, cardiovascular disease, congestive heart failure and diabetes. The National Committee for Quality Assurance is an independent, not-for-profit organization dedicated to measuring the quality of America's health care. Earning NCQA accreditation is another important indication that BCN's programs are dedicated to giving patients and practitioners support, education and other help to ensure good outcomes and care.

Heart alert TIP

Cholesterol levels can be lowered by eating a diet low in meat, eggs and dairy products. However, most of the cholesterol in the blood is produced in the liver. If a low fat diet does not reduce your cholesterol, then your physician may prescribe medications.

HEART DISEASE continued from page 11

- A blockage that completely closes an artery causes a heart attack. If the heart is deprived of oxygen for more than 20 minutes, cells within the heart will die, causing a type of heart attack also known as myocardial infarction.
- A blockage in one of the arteries near the brain causes a stroke.
- A blockage in a leg artery causes peripheral vascular disease and can result in pain while walking.

Other forms of heart disease include:

— Heart failure, which occurs when the heart is not able to pump blood through the body as well as it should. This means that other organs, which normally get blood from the heart, do not get enough blood. It does not mean that the heart stops. Signs of heart failure include:

— Shortness of breath (feeling like you can't get enough air)

— Swelling in feet, ankles and legs

— Extreme tiredness

— Heart arrhythmias are changes in the beat of the heart. Most people have felt dizzy, faint, out of breath or had chest pains at one time. These changes in heartbeat are, for most people, harmless. As you get older, you are more likely to have arrhythmias. Don't panic if you have a few flutters or if your heart races once in a while. However, if you have flutters and other symptoms such as dizziness or shortness of breath (feeling like you can't get enough air), call emergency services right away.

You can learn more about heart disease through BlueHealthConnection® at bcbsm.com. Or call BlueHealthConnection at 800-775-BLUE (2583) to speak with a nurse coach or listen to an audio tape from the vast library of health care topics.

How to reach us

For benefit information or claims inquiries:

State Health Plan PPO

To call

800-843-4876
Monday through Friday (except holidays),
8:30 a.m. to 4:45 p.m.

To write

State of Michigan Customer Service Unit
Blue Cross Blue Shield of Michigan
P. O. Box 80380 - WRAP
Lansing, MI 48908-0380

Blue Care Network HMO

To call

800-662-6667
Monday through Friday (except holidays),
8:30 a.m. to 5 p.m.

To write

Blue Care Network
P. O. Box 68767
Grand Rapids, MI 49516-8767

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For Your Benefit

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BLUE SHIELD
OF MICHIGAN

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